

37371

12-01-05

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**TRANSMITTAL  
FORM**



Application Serial Number	09/841,325
Filing Date	April 24, 2001
First Named Inventor	Modell
Group Art Unit	3737
Examiner Name	Smith, Ruth S.
Attorney Docket No.	MDS-009CN
Patent No.	Not applicable
Issue Date	Not applicable

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Ninth Supplemental Information Disclosure Statement (3 pgs.) <input checked="" type="checkbox"/> Supplemental Form PTO-1449 (1 pg.) <input checked="" type="checkbox"/> Copies of SIDS Citations (C113-C114)	<input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

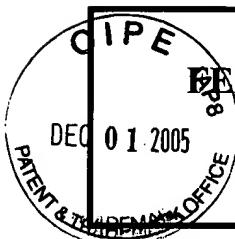
**CORRESPONDENCE ADDRESS****SIGNATURE BLOCK**

Direct all correspondence to: Patent Administrator  
 Goodwin Procter LLP  
 Exchange Place  
 Boston, MA 02109  
 Tel. No.: (617) 570-1000  
 Fax No.: (617) 523-1231  
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Date: December 1, 2005  
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Respectfully submitted,

William R. Haulbrook, Ph.D.  
 Attorney for the Applicants  
 Goodwin Procter LLP  
 Exchange Place  
 Boston, MA 02109



## FEE TRANSMITTAL

FY 2005

01-2005

Complete if Known	
Application Serial Number	09/841,325
Filing Date	April 24, 2001
First Named Inventor	Modell
Group Art Unit	3737
Examiner Name	Smith, Ruth S.
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## METHOD OF PAYMENT

1.  Payment Enclosed:
  - Check  Money Order  Other
2.  The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700.
  - Required Fees (copy of this sheet enclosed).
  - Additional fee required under 37 CFR 1.16 and 1.17.
  - Overpayment Credit.
3.  Applicant claims small entity status.

## FEE CALCULATION

## 1. FILING/SEARCH/EXAM/SIZE FEES

## Large Entity

Fee (\$)	Fee Description	Fee Paid
300	Utility filing fee	
500	Utility search fee	
200	Utility exam fee	
250	Utility size fee (each add'l 50 pgs. over 100)	
200	Design filing fee	
100	Design search fee	
130	Design exam fee	
250	Design size fee (each add'l 50 pgs. over 100)	

	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 50.00 =	
Independent Claims	- 3 =		x \$200.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$360.00 =	

TOTAL: **SMALL ENTITY DISCOUNT:**

<b>SUBTOTAL (1)</b>	<b>(\$)</b>	<b>0.00</b>
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## 2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	
Total	- =		x \$ 50.00=		
Indep.	- =		x \$200.00=		
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$360.00=		

TOTAL: **SMALL ENTITY DISCOUNT:**

<b>SUBTOTAL (2)</b>	<b>(\$)</b>	<b>0.00</b>
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**SUBTOTAL (3) (\$)** **180.00**

<b>SUBTOTAL (1)</b>	<b>0.00</b>
<b>SUBTOTAL (2)</b>	<b>0.00</b>
<b>SUBTOTAL (3)</b>	<b>180.00</b>

**TOTAL (\$)** **180.00**

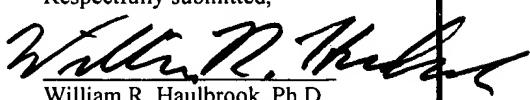
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Respectfully submitted,

  
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